

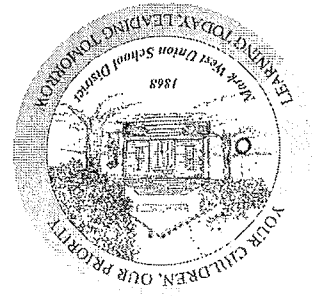
Mark West Elementary School
Tracy Lavin-Kendall, Principal
4600 Lavell Road
Santa Rosa, CA 95403-1297

San Miguel Elementary School
Kent Cromwell, Principal
5350 Faught Road
Santa Rosa, CA 95403-1205

John B. Riehl Elementary School
Fran Hansell, Principal
315 Mark West Springs Road
Santa Rosa, CA 95404-1101

Mark West Charter School
Pam Carpenter, Director
5350 Faught Road
Santa Rosa, CA 95403-1205

FIELD TRIP TRANSPORTATION PERMISSION TO TRANSPORT BY PARENT OR GUARDIAN FORMS A and B



MARK WEST UNION SCHOOL DISTRICT
305 Mark West Springs Road, Santa Rosa, CA 95404-1101
District Office (707) 524-2970
Business Office (707) 524-2977 ♦ Fax (707) 524-2976
Ronald Calloway, Superintendent
rcalloway@mwsud.org

Board of Trustees:
Michael Edwards
Victor McKnight
Gary Saal
Aaron R. Smith
Greg Stone
**Coordinator of Instruction
& Student Services:**
Ann Savvidis
Chief Business Officer:
Regina Cuculich

Student Name: _____ Date _____
School: _____ Teacher: _____
Field Trip Destination: _____
I, _____, as parent/guardian/volunteer, am driving the
above named student on this field trip:

I will drive the above named student both to and from the field trip.
The above named student will not be returning from the field trip on the school bus.
He/she will be transported in my vehicle.
I accept full responsibility for the safety of this child and hereby absolve the Mark West
Union School District from any responsibility for the safety of this child.

Parent/Guardian Name (Please Print) _____
Parent/Guardian Signature _____
A completed Voluntary Drive Form is on file in the school office for the current
year. (To be initialed by office staff.)

Driver's Name (Please Print) _____
Driver's Signature _____

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Date _____

Parent Signature _____

I therefore hold the Mark West Union School District harmless. •
liability for my child or myself as a result of driving my child on the field trip listed above.
will not hold the Mark West Union School District responsible for any transportation
and was offered transportation on a District provided bus. I, _____
responsibility for the safety of this child. I further understand that my child could ride on
for the safety of my child and hereby absolve Mark West Union School District from any
to and/or from (circle one or both) the above named field trip. I accept full responsibility

I, _____ as parent/guardian am driving _____

Date: _____

Field Trip Destination: _____

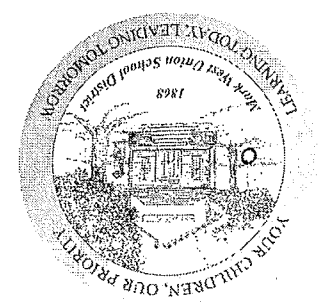
Teacher: _____

School: _____

Student Name: _____

Waiver of District Liability

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Applicant's Signature

Date

I certify that my vehicle meets all District expectations and that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

DRIVER'S STATEMENT:

If your vehicle does not meet Mark West Union School District safety expectations, it cannot be used for transporting students.

- Minimum tread on tires (not bald or worn)
- Seat belts for all passengers
- Working lights, turn signals, mirrors
- Appropriate spare tire, highway flares
- Normally operating engine
- Normal interior and exterior
- Normal mechanical systems, including steering and brakes

Vehicle Safety: As a driver of a car transporting students, you are responsible for providing a safe vehicle, including the following:

The District requires a minimum of \$100,000/\$300,000 bodily injury, \$50,000 for property damage and \$5,000 medical pay. A copy of the insurance policy must be attached to the Volunteer Driver Registration Form. (If you do not have the District's required insurance minimum, you may seek a one-day Certificate of Insurance for the prescribed amount from your insurance carrier). You are allowed to carry only the number of passengers for which your vehicle was designed. If you have a truck or pickup, carry only as many as can safely sit in the passenger compartment with a seat belt for each occupant.

Your willingness to use your own vehicle to transport students on a field trip is very commendable and appreciated. The District feels responsible for determining the following: Have you ever been convicted of reckless driving under the influence of drugs or alcohol within the past five years? Yes No

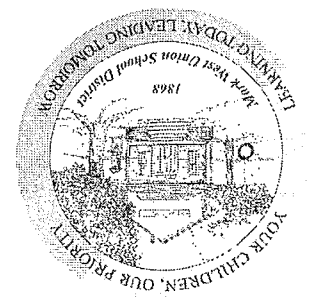
| | | | |
|----------------|-------|-------|------------------|
| Name of Owner: | Year: | Make: | License Plate #: |
| | | | |

VEHICLE INFORMATION

| | | | | | | |
|-------|----------------|---------------------------|---------------|--------------|-----------------------------------|-----------------|
| Name: | Date of Birth: | Valid Driver's License #: | Cell Phone #: | Telephone #: | Date of Field trip & Destination: | # of Passengers |
| | | | | | | |

Driver (check appropriate box) Employee Parent/Guardian Volunteer

VOLUNTEER DRIVER REGISTRATION FORM



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